



**State of Louisiana**  
DIVISION OF ADMINISTRATION  
**OFFICE OF STATE UNIFORM PAYROLL**

M. J. AMIKE@FOSTER, JR.  
GOVERNOR

April 20, 2000

MARK C. DRENNEN  
COMMISSIONER OF ADMINISTRATION

**MEMORANDUM**

TO: All Uniform Payroll System (UPS)  
Wage Assignment/Withholding Payment Recipients

FROM: Ronald S. Mitchell  
Director

SUBJECT: Request for Taxpayer/Remittance Information

The State of Louisiana is currently developing a new Human Resource/Payroll (HR/PR) system due to be implemented in January 2001. In order to complete the configuration of this new HR/PR system, the Office of State Uniform Payroll (OSUP) must have the taxpayer identification number of every vendor/individual receiving payment for withholdings and/or wage assignments for employees paid through the Uniform Payroll System. Please complete the attached Form W9, Request for Taxpayer Identification Number and Certification, per the attached instructions.

For *payment remittance purposes*, we are requesting that you also complete/update the following payee/remittance information:

***Please print clearly or type.***

	<b>Maximum 35 characters/spaces</b>		
<b>PAYEE LINE 1</b>			
	<b>Maximum 35 characters/spaces</b>		
<b>PAYEE LINE 2</b>			
	<b>Maximum 60 characters/spaces</b>		
<b>STREET</b>			
	<b>Maximum 40, 2, 10 characters/spaces</b>		
<b>CITY, ST, ZIP</b>			
	<b>Only if not US</b>		
<b>COUNTRY</b>			
	<b>Maximum 10</b>		<b>Maximum 10</b>
<b>PO BOX</b>		<b>PO BOX ZIP</b>	
<b>PHONE #</b>	(   )	<b>EXT</b>	
<b>FAX #</b>	(   )	<b>EXT</b>	

**For Wage Assignment (Garnishment) Recipients only**, please adhere to the following guidelines in order to standardize our payee information:

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1. For the **Payee**, In cases where an individual is elected, appointed or a company's representative, please use the position title because these names change periodically. DO NOT use the name of the individual holding the title or position. Use an individual's name only when they are to personally receive the funds.

Examples:

Instead of	Use
John Doe, Sheriff	Sheriff, XX Parish/County
Jane Doe, Trustee	Chapter XX, Trustee
Mack Shoe, Marshal	Marshal, City of XX
Paul Ben, Justice of the Peace	Justice of the Peace, XX Ward or XX Parish

2. For **Attention line**, (if required, indicate in the Payee Line 2 field), DO NOT use a specific individual's name: use Department, Office, Section, etc. If payments are made to more than one Department, Office, Section, etc., for the same payee at the same address, please complete page 1 for each.
3. For **Remittance Address fields**, provide your Standardized Postal Address. Consult with your local post office if necessary.

**Please use this standard payee/address information on ALL future orders, judgements, and correspondence, etc.**

After completing Form W9 and the remittance address information, fax to the Office of State Uniform Payroll to the attention of Angel Vernon or Wendy Senft at (225) 219-4432 or mail to PO Box 94095, Baton Rouge, LA 70804-9095 by May 5, 2000. If you have any questions, please contact Angel at (225) 342-0717 or Wendy at (225) 342-5362.

RSM:ACV

Attachments: Form W9 and Instructions